

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45862

1. Entity Name

PLANNED PARENTHOOD OF GREATER ORLANDO, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90030 050 ****61.25

Principal Place of Business

1350 W. COLONIAL DR
ORLANDO FL 32804
US

Mailing Address

1350 W. COLONIAL DR
ORLANDO FL 32804-7119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3092996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RODMAN, SUSAN H~~
1350 W COLONIAL DR
ORLANDO FL 32804

SUSAN H. RODMAN-IDTENSCHN

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME D KOVALESKI, CHARLES J
STREET ADDRESS 4120 GABRIELLA LANE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☒ Addition
NAME S LIZ RABINER LIPOFF
STREET ADDRESS 9702 CAMBERLY CIRCLE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☒ Delete
NAME P LOWNDES, RITA
STREET ADDRESS 1308 GREEN COVE RD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D MCKENNA
STREET ADDRESS MCKANNA, SUSAN K
CITY-ST-ZIP 815 N GARLAND AVE
ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS MCKENNA, SUSAN K
CITY-ST-ZIP 815 N. GARLAND AVE
ORLANDO, FL 32801

TITLE ☐ Delete
NAME S RUDNER, NANCY
STREET ADDRESS 2300 HURON TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS RUDNER, NANCY
CITY-ST-ZIP 2300 HURON TRAIL
MAITLAND, FL 32751

TITLE ☐ Delete
NAME T SPRIGGS, JERI
STREET ADDRESS 611 WYMORE RD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)